

Image# 201902279145592583

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Schweikert, David, S., ,			2. Candidate's FEC Identification Number H4AZ06045	
(b) Address (number and street) 15819 E Sycamore Dr		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Fountain Hills AZ 85268-4331		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate AZ 06		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of David Schweikert		
(b) Address (number and street) PO Box 15785		
(c) City, State, and ZIP Code Phoenix AZ 85060-5785		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Take Back The House 2020		
(b) Address (number and street) PO Box 30844		
(c) City, State, and ZIP Code Bethesda MD 20824-0844		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Schweikert, David, S., ,  [Electronically Filed]	Date 02/27/2019
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

SCHWEIKERT VICTORY COMMITTEE

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda

MD

20824-0844

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

David Schweikert for Congress

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda

MD

20824-0844

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

McSally Schweikert Victory Committee

(b) Address (number and street)

824 S Milledge Ave

Ste 101

(c) City, State, and ZIP Code

Athens

GA

30605-1332

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code